



# KANSAS

## DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR

Clyde D. Graeber, Secretary

### APPLICATION FOR MODIFICATION OF AN EXISTING HOUSEHOLD HAZARDOUS WASTE FACILITY TO ACCEPT HAZARDOUS WASTES FROM SMALL QUANTITY GENERATORS

**Note: This form shall be used to request approval to accept hazardous waste from small quantity generators at household hazardous waste facilities which are currently permitted. A new permit application form will be required if the proposed modification will involve relocation of the facility to a new site or if the site is not currently permitted as a household hazardous waste facility.**

1. Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
(Street or Rural Route) (City & State) (Zip)  
Current Permit Number \_\_\_\_\_  
Person to contact \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_  
Contact person's title \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
2. Site Address \_\_\_\_\_  
(Street Number, Road, Highway, City)
3. Site Location  
County \_\_\_\_\_, 1/4 Section \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_
4. The permit modifications will allow acceptance of Small Quantity Generator (SQG) Waste from:  
\_\_\_\_ All sources which meet the definition of a SQG as defined in KSA 28-31-2  
\_\_\_\_ Governmental Units      \_\_\_\_ School Districts      \_\_\_\_ Commercial Businesses  
\_\_\_\_ Other, Explain \_\_\_\_\_
5. A "Small Quantity Generator" means any person who meets all of the following conditions:
  - (1) Generates in any single calendar month less than 25 kilograms (55 pounds) of hazardous waste;
  - (2) accumulates at any time less than 1,000 kilograms (2200 pounds) of hazardous waste;
  - (3) generates in any single calendar month less than 1 kilogram (2.2 pounds) of acutely hazardous waste;
  - (4) accumulates at any time less than 1 kilogram (2.2 pounds) of acutely hazardous waste;
  - (5) generates in any single calendar month less than 25 kilograms (55 pounds) or more of any residue or contaminated soil, waste, or other debris resulting from the cleanup of a spill of acutely hazardous waste; and
  - (6) accumulates at any time less than 25 kilograms (55 pounds) of any residue or contaminated soil, waste, or other debris resulting from the cleanup of a spill of acutely hazardous waste.

6. Attach a copy of the amended\* **Facility Design Plans**.

The following **drawings** must be included as part of a facility design plan:

- a. A **regional site plan or map** showing section, township, range, and site location.
- b. A **vicinity plan or map** that depicts residences, wells, surface waters, and access roads within 0.5 miles of the site boundaries, adjacent zoning, adjacent land use, other existing and proposed man-made or natural features relating to the project.
- c. A **site plan** showing the size and location of buildings and appurtenances, on/off-site utilities (i.e. gas, electric, water, sewers), right-of-ways, fences, gates, paved lots, parking areas, drainage, culverts, and signs. Existing permit drawings may be modified to show new development.
- d. **Detailed plans** showing building elevation and plan view, floor plans, shelving plans, appurtenances, and necessary detail sections to include electrical and mechanical systems
- e. **Designated areas** for activities to be conducted at the facility including receipt segregation, bulking, distribution, packaging, and storage of household and SQG wastes.
- f. A **FEMA flood plain map** with the facility location highlighted

7. Attach a copy of amendments to the "**Operations Plan**".

The amendment to the operations report must include:

- a. A description of the new activities and facilities including the origin of the SQG waste.
- b. Procedures for screening SQG participants to ensure that they meet the definition of a SQG. Include a sample registration form for participants which includes the definition of an SQG and a section for participants to certify they meet the definition of a SQG.
- c. Any other required revisions to handling and storage procedures.
- d. Any required revisions to the contingency plan for emergency situations.

8. Attach a copy of the amended\* "**Closure Plan**" as required by KSA 65-3406.

9. Attach a copy of the amended\* "**closure cost estimate and, if applicable, financial assurance**" as required by KAR 28-29-17a.

\* Note: Those items which were included as part of the current approved permit do not need to be resubmitted if the proposed permit modification would not result in any changes to those items. Please indicate if that is the case.

**Please return three copies each of the application & supporting documents to:**  
**Kansas Department of Health and Environment**  
**Bureau of Waste Management**  
**1000 SW Jackson, Suite 320**  
**Topeka, KS 66612-1366**

\*\*\*\*\*

Performance Bond Posted (if required by local agency) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

# HHW MODIFICATION CERTIFICATION

Applicant's Name \_\_\_\_\_

As specified in K.S.A. 65-3407 Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas, the secretary shall require the following information as part of this application:

## Solid Waste Management Plan Consistency

- (1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

☐ **The Facility Or Disposal Area Is Consistent With Solid Waste Management Plan**

☐ **The Facility Or Disposal Area Is Not Consistent With Solid Waste Management Plan**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
County or City

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip Code

## Zoning or Land Use Consistency

- (2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

### Zoned

☐ **The Facility Or Disposal Area Is Consistent With Local Land Use Restrictions Or Zoning**

☐ **The Facility Or Disposal Area Is Not Consistent With Local Land Use Restrictions Or Zoning**

### Not Zoned

☐ **The Facility Or Disposal Area Is Compatible With Surrounding Land Use**

☐ **The Facility Or Disposal Area Is Not Compatible With Surrounding Land Use**

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency or County

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip Code

If a special use permit is required, please attach a copy to this application.